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GRAY ROBIN P.O. Box 2328	ISON, P.A. ALE, FL 33303-999			I her State addre trans	eby certify that the	is Fee(s	of Mailing or Transm ) Transmittal is being icient postage for first SSUE FEE address a ) 273-2885, on the dat	deposited with the United class mail in an envelope bove, or being facsimile te indicated below.	
					Lillian Pillitteri			(Depositor's name)	
					5	Lillian Pollettin.			(Signature)
		-	March	6	2008	(Date)			
APPLICATION NO.	FILING DATE			FIRST NAMED INVEN	VTOR				CONFIRMATION NO.
10/595,774	05/10/2006			Hermann Neidlei	72261.46			6382	
TITLE OF INVENTION	: ELECTRICAL CONN	ECTING	G APPARATUS						
APPLN. TYPE	SMALL ENTITY	-ISS	UE FEE DUE	PUBLICATION FEE DUI		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	YES :		\$300		\$0		\$1020	04/30/2008
EXAMINER .			ART UNIT	CLASS-SUBCLASS					
PAUMEN, GARY F 2833				439-066000					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  MagCode AG  Heidenheim, Germany									
MagCode AG  Heidenheim, Germany  Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s)  Issue Fee  Publication Fee (R	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3744 (enclose an extra copy of this form).								
5. Change in Entity Sta	s SMALL ENTITY state	us. See 3	37 CFR 1.27.					TITY status. See 37 CF	
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req	uired) tes Pate	vill not be accepte ut and Trademan	d from anyone other ( Office.	than t	he applicant; a reg	istered a	attorney or agent; or the	e assignee or other party in
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Typed or printed nam			Registration 1	۸o	33,033				
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